

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Abbie's	CHAPTER 100.1
Address: 94-579 Apii Place, Waipahu, Hawaii 96797	Inspection Date: May 8, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #2 – No documented evidence of current annual tuberculosis clearance.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I corrected the deficiency. SCG #2 documented evidence of current TB clearance was done 4/3/19. A copy of which was obtained at the doctor's office document attached.</p>	<p>19 AUG 13 09:53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Substitute Care Giver (SCG) #2 – No documented evidence of current annual tuberculosis clearance.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>At least 3 months prior to my annual inspection, I will prepare all necessary documents for my clients as well as myself, my substitute & family members to be signed by the doctor and obtain copies of each when I leave the doctor's office.</i></p>	<p>4/3/19</p> <p>61 MS 15 01 02</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1 – No documented evidence of a current annual level of care evaluation by a physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Yes, I corrected the deficiency. Resident #2 was brought to Dr. Sonido on May 18, 2019 and Level Of Care Evaluation was done. Document attached.</p>	<p>19 AUG 13 AM 10:3</p>

Completion Date	PLAN OF CORRECTION	RULES (CRITERIA)
<p>AUG 15 2019</p> <p>MAY 18, 2019</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>I was not aware that every client should have a level of care evaluation every year so I brought him to the doctor right away</i></p> <p><i>I will ensure that I have all the copies of every document signed by the doctor during the client's visit</i></p>	<p><input checked="" type="checkbox"/> §11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u></p> <p>Resident #1 - No documented evidence of a current annual level of care evaluation by a physician.</p>

Licensee's/Administrator's Signature: Ant L P

Print Name: FLORECITA PERALTA

Date: 5/20/19

19 AUG 13 AM 10:3
STAFFING